

The Health of Tennessee's Women 1998

A Summary Report of Mortality and Women's Health Issues

JULY 2000

TENNESSEE DEPARTMENT OF HEALTH

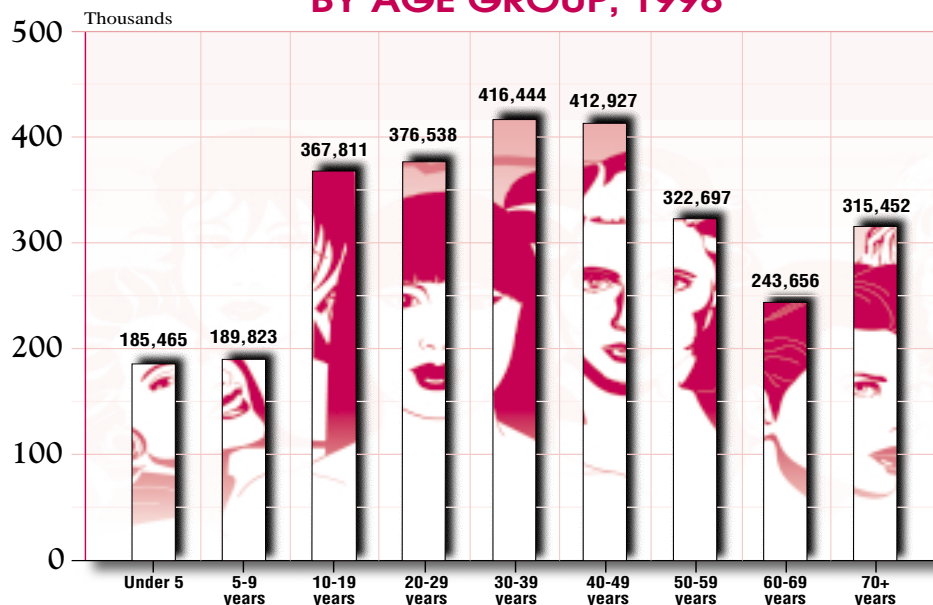
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The Health of Tennessee's Women 1998 examines some of the factors that affect the health status of Tennessee's female population. Maternal risk factors such as adequate prenatal care, smoking, alcohol usage, and age greatly impact pregnancy outcomes. Adolescent mothers are at particular risk of having low-weight babies, as are mothers age 40 years and older.

Mortality trends and cancer incidence data are also included in this report. The challenge facing women as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from diseases such as cancer, cerebrovascular and heart disease.

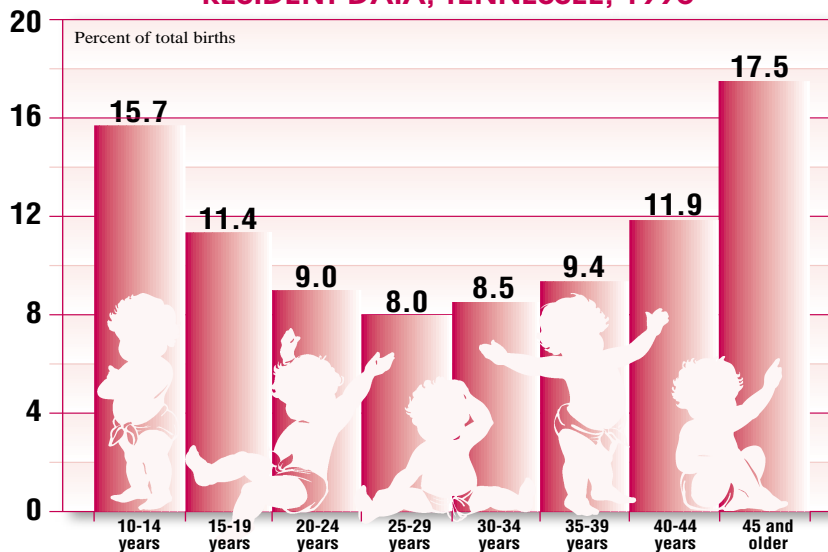
In 1998, Tennessee's greatest number of females (416,444) was in the 30-39 age group. This age group accounted for 14.7 percent of Tennessee's total female population. The percentage of females under 10 years of age was 13.3, while 11.1 percent of females were aged 70 and older.

TENNESSEE'S FEMALE POPULATION BY AGE GROUP, 1998



Source: Health Statistics and Research Revised March 19, 1999 Population Estimates.

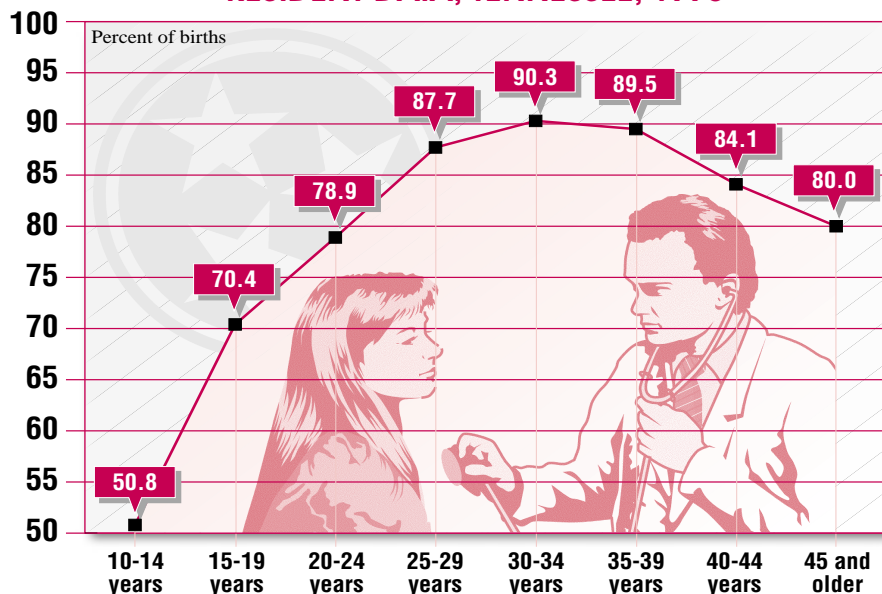
PERCENT OF LOW-WEIGHT* BIRTHS BY AGE GROUP RESIDENT DATA, TENNESSEE, 1998



*A live birth weighing less than 2,500 grams (5 pounds, 9 ounces).

Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight. Of the total births in 1998, 7,024 or 9.1 percent were under 2,500 grams. The percent of total births that were low-weight was greatest for mothers aged 45 years and older (17.5), followed by mothers aged 10-14 years (15.7), and mothers aged 40-44 (11.9). Of the total low-weight births, 25.5 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (32.3), while black mothers reported a much lower tobacco use percentage (13.7). The year 2000 national goal for low-weight births is 5.0 percent of total live births.

PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP RESIDENT DATA, TENNESSEE, 1998



In 1998, there were 77,334 live births to Tennessee residents. Of the births to mothers ages 10-14, only 50.8 percent began prenatal care in the first trimester. The percentage of first trimester care by age group increased to a high of 90.3 percent for ages 30-34 and then decreased for the older age groups. The total percent of Tennessee births beginning care in the first trimester was 82.9. The national goal for the year 2000 is for 90.0 percent of all births to have prenatal care beginning in the first trimester.

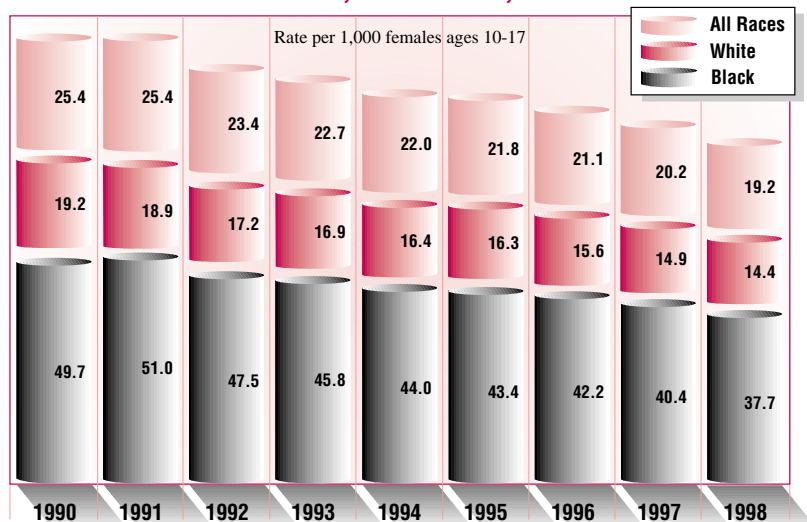
The percentage of 1998 births with adequate care was 74.8. This was an increase over the 71.3 percent in 1994. In 1998, 3,613 or 4.7 percent of the total births had inadequate care, and 1,112 or 1.4 percent of the total births reported indicated no prenatal care was received.

PERCENT OF LIVE BIRTHS BY ADEQUACY OF PRENATAL CARE RESIDENT DATA, TENNESSEE, 1994-1998

	Adequate	Intermediate	Inadequate	No Care
1998	74.8	19.1	4.7	1.4
1997	74.3	18.9	5.3	1.5
1996	73.4	19.9	5.4	1.4
1995	72.7	20.9	5.2	1.2
1994	71.3	22.0	5.4	1.3

Adequacy of care derived from criteria defined in the Kessner Index, which classifies prenatal care on the basis of prenatal visits, gestational age, and the trimester care began. In addition to the specific number of visits indicated for inadequate care, all women who started their care during the third trimester (28 weeks or later) were considered to have received inadequate care.

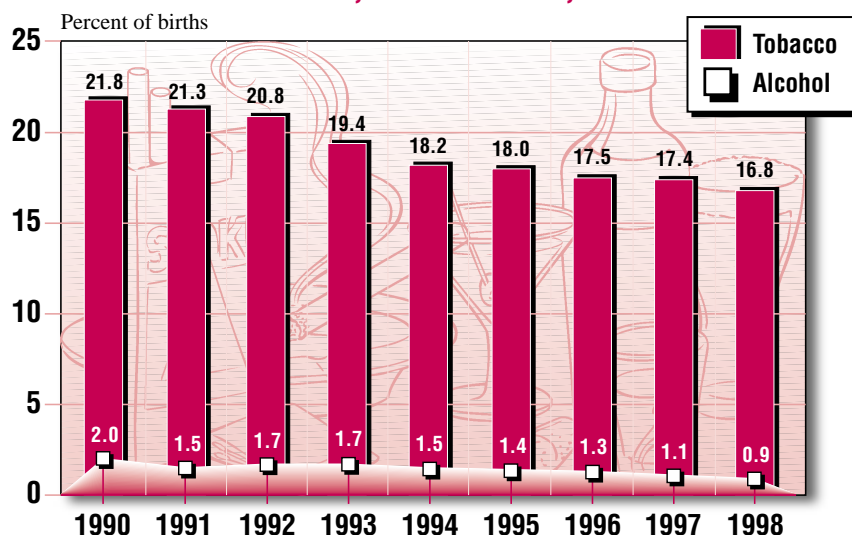
ADOLESCENT PREGNANCY RATES (10-17) BY RACE RESIDENT DATA, TENNESSEE, 1990-1998



Adolescent pregnancies are the total of births, abortions, and fetal deaths. The total pregnancy rate for females ages 10-17 declined 24.4 percent from 25.4 in 1990 to 19.2 in 1998. The white adolescent rate dropped 25.0 percent from 19.2 in 1990 to 14.4 in 1998. The 1990 black rate of 49.7 pregnancies per 1,000 females dropped 24.1 percent to 37.7 in 1998.

Maternal alcohol and tobacco use on as reported on Tennessee resident birth certificates has declined over the period 1990-1998. In 1998, 98.9 percent of Tennessee birth certificates indicated no alcohol use, 0.9 percent indicated use, and 0.2 percent did not respond to the question. No tobacco use was indicated on 83.1 percent of the 1998 Tennessee birth certificates, 16.8 percent indicated tobacco use, and the remaining 0.2 percent did not respond. The Year 2000 goal for alcohol abstinence during pregnancy is 95 percent while the goal for tobacco abstinence is 90 percent.

REPORTED ALCOHOL AND TOBACCO USE DURING PREGNANCY RESIDENT DATA, TENNESSEE, 1990-1998

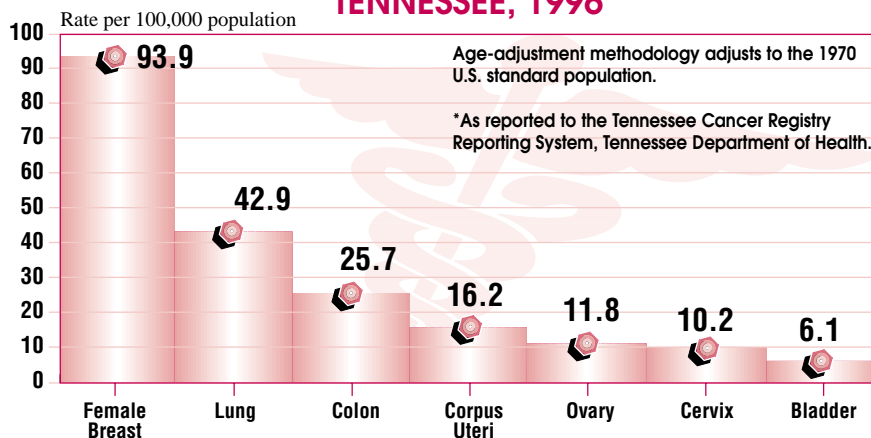


NOTE: These data are based on information provided by the mother and they may be underreported.

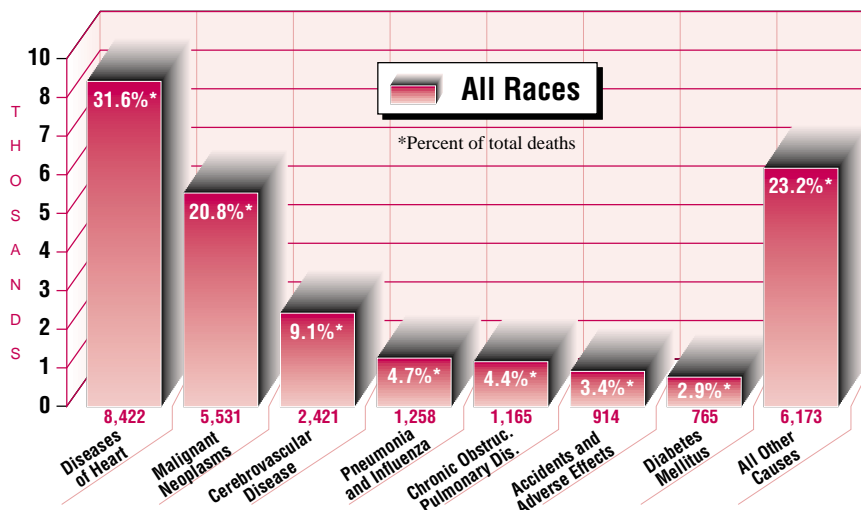
Tennessee's Cancer Registry Reporting System collects data on cancer cases diagnosed and/or treated in Tennessee hospitals. These reports supplied the incidence data for this publication. Note: The incidence data age-adjusts to a different standard population than the death data.

Cancer incidence rates by selected types show that female breast cancer had the highest incidence rate of 93.9 for 1996. The lung cancer rate for females of 42.9 was second, and the colon cancer rate of 25.7 per 100,000 females was third.

AGE-ADJUSTED CANCER INCIDENCE* RATES BY SELECTED TYPES FOR FEMALES TENNESSEE, 1996

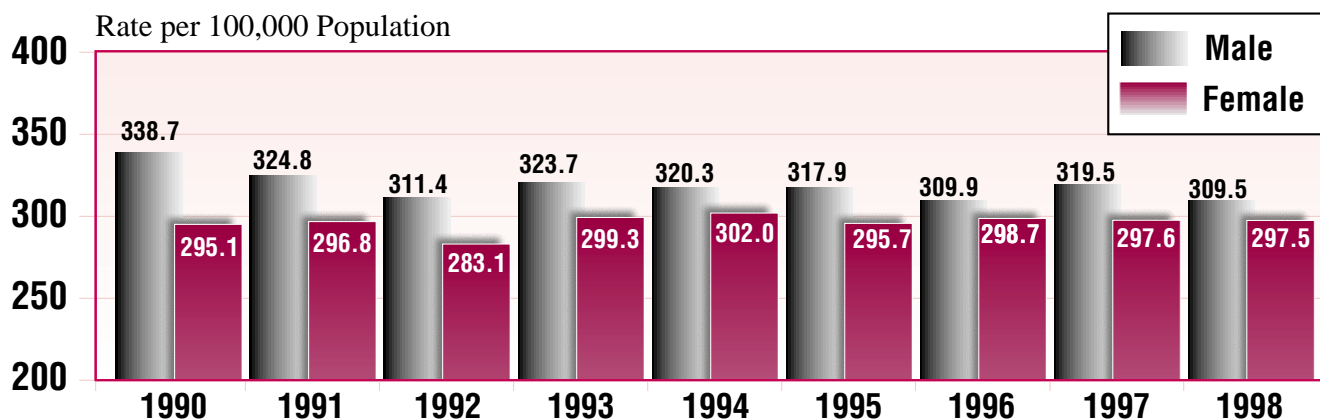


LEADING CAUSES OF DEATH FOR WOMEN RESIDENT DATA, TENNESSEE, 1998



Heart disease and malignant neoplasms (cancer) were the leading causes of death for Tennessee's women in 1998. These two causes accounted for 52.4 percent of the total female deaths.

HEART DISEASE DEATH RATES BY GENDER RESIDENT DATA, TENNESSEE, 1990-1998



Cause of death code (ICD-9) 390-398,402,404-429.

Heart disease is the leading cause of death for both males and females in Tennessee. However, while the crude death rate for males declined 8.6 percent from 1990 to 1998, the rate for females increased 0.8 percent for the same

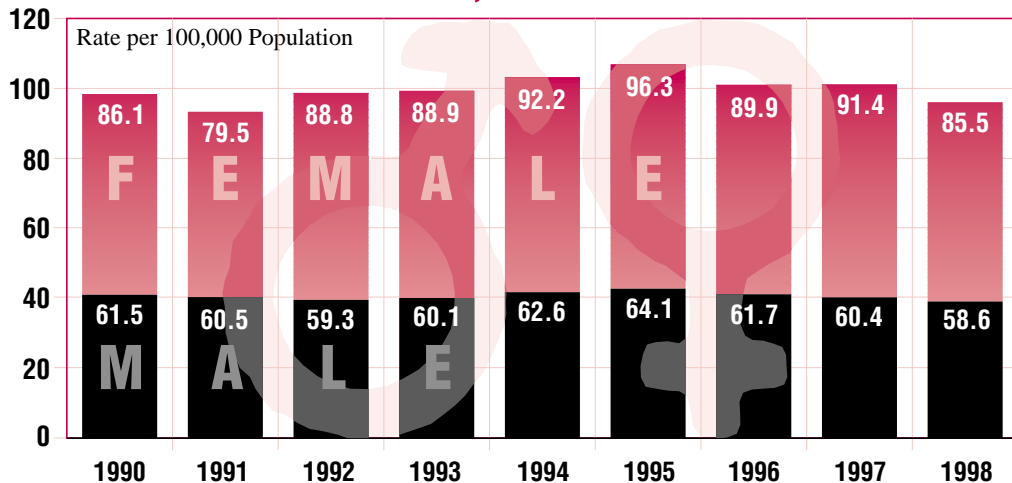
period. In 1990, the rate for males was 14.8 percent greater than the female death rate. In 1998, the male death rate for heart disease was only 4.0 percent greater than the female death rate.

Tennessee's cerebrovascular disease death rate was higher for females than for males for the period 1990-1998.

The crude death rate for females declined from 1990 to 1991 but increased from 1992-1995 to a high of 96.3 deaths per 100,000 females. The 1998 rate for females of 85.5 was 45.9 percent higher than the rate of 58.6 for males.

The 1996-1998 three-year average age-adjusted female lung cancer death rate was 31.6 per 100,000 females. The national objective for the year 2000 for female lung cancer deaths is no more than 27.0 deaths. The 1996-1998 three-year average death rate for female breast cancer was 19.6. The year 2000 national

CEREBROVASCULAR DISEASE DEATH RATES BY GENDER RESIDENT DATA, TENNESSEE 1990-1998



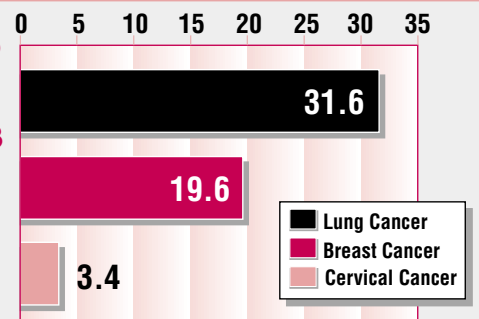
Cause of death code (ICD-9) 430-438.

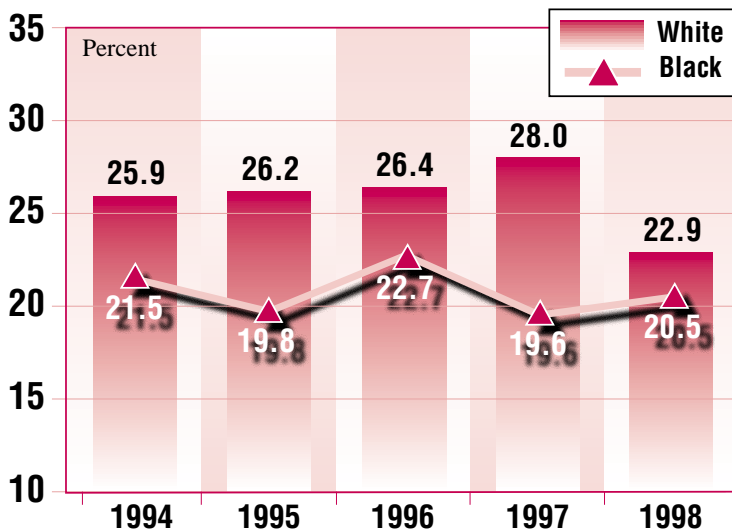
objective death rate for female breast cancer is no more than 20.6 deaths. The 1996-1998 three-year average death rate for cervical cancer in Tennessee was 3.4 deaths per 100,000 females, and the year 2000 national objective rate is no more than 1.3 deaths.

THREE-YEAR AVERAGE AGE-ADJUSTED CANCER DEATH RATES FOR FEMALES FOR SELECTED CAUSES RESIDENT DATA, TENNESSEE, 1996-1998

Age-Adjusted Rate per 100,000 Female Population

Cause of death codes (ICD-9) lung cancer (162.2-162.9), breast cancer (174), cervical cancer (180). Age-adjustment methodology adjusts to the 1940 U.S. standard population as used by the National Center for Health Statistics.





Source: Tennessee Department of Health, Behavioral Risk Factor Survey

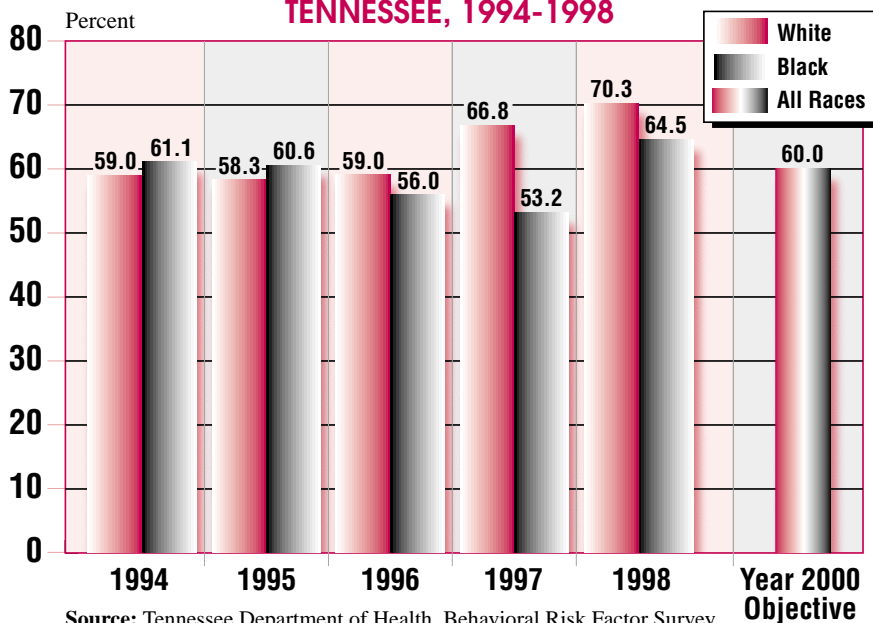
ESTIMATE OF THE PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO ARE CURRENT SMOKERS BY RACE, TENNESSEE, 1994-1998

The percent of women aged 18 years and older who report they smoke was greater for whites than blacks according to data collected from the Tennessee Behavioral Risk Factor Survey for 1994-1998. In 1998, the percent of white female smokers was lowest for the five-year period. The percent of black female smokers remained fairly constant over the period.

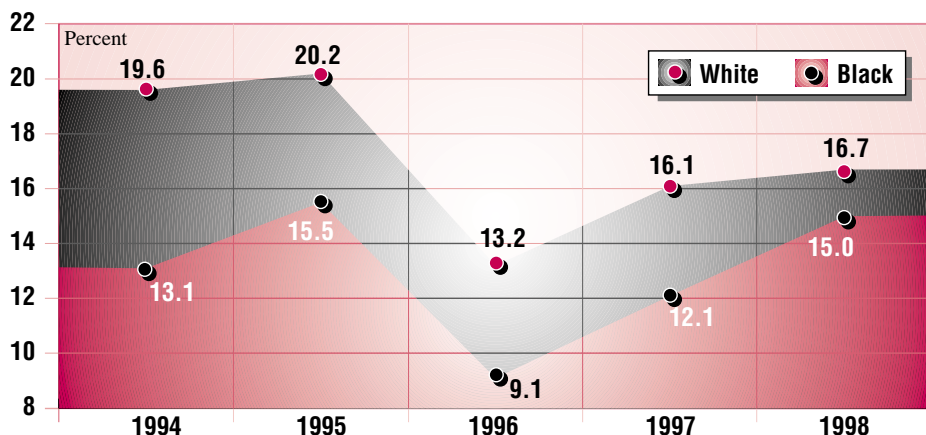
Data from the Tennessee Behavioral Risk Factor Survey provides estimates by race of the percent of women aged 50 and older who stated they had a mammogram and breast exam within the last two years. These percentages fluctuated over the period 1994-1998, but in 1998, the percentages for whites and blacks were both above the national objective. The national objective for the year 2000 is for 60.0 percent of all women aged 50 and older to have had a mammogram and breast exam within the last two years.

The Behavioral Risk Factor Survey results indicate that the percent of women 18 years and older who did not have a pap smear within the past two years was greater for whites than blacks for the five-year period of 1994-1998.

ESTIMATE OF THE PERCENT OF WOMEN AGED 50 AND OLDER WHO HAD A MAMMOGRAM AND BREAST EXAM WITHIN LAST TWO YEARS BY RACE TENNESSEE, 1994-1998



Source: Tennessee Department of Health, Behavioral Risk Factor Survey



Source: Tennessee Department of Health, Behavioral Risk Factor Survey
Lower rates for 1996 were due to missing data.

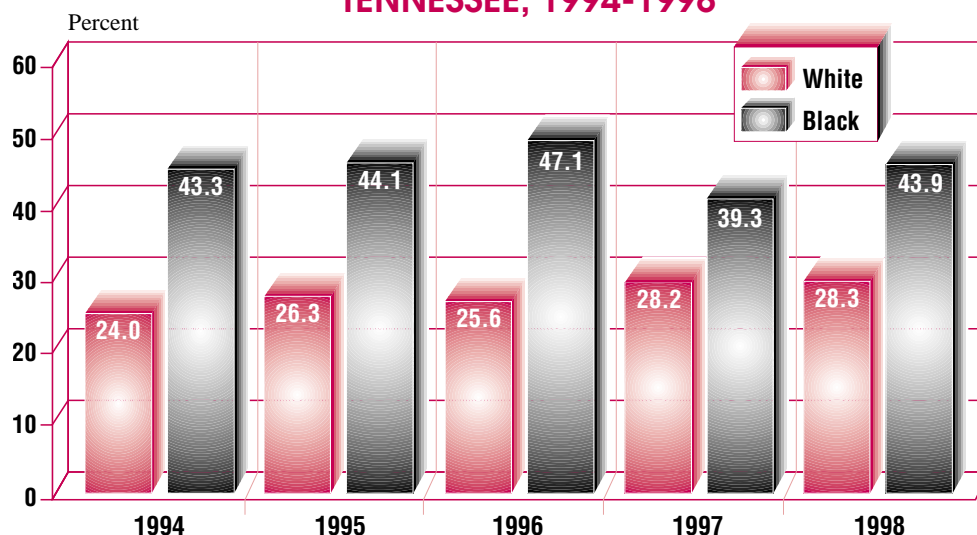
ESTIMATE OF THE PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO DID NOT HAVE A PAP SMEAR WITHIN THE PAST TWO YEARS BY RACE, TENNESSEE, 1994-1998

The Behavioral Risk Factor Survey results show minority women reported higher percentages of overweight for the five-year period 1994-1998. In 1998, 30.8 percent of the total women surveyed reported being overweight. Diet and exercise are both important factors in weight control. For 1998, the percent of white women surveyed that stated they engaged in no leisure-time physical activity was 37.2. The percent of black women who reported they engaged in no leisure-time physical activity was 43.2 for the same period.

The Behavioral Risk Factor Surveillance System is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Since 1984, adults have been surveyed every month in randomly selected households throughout the state. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity.

Age-adjustment is a technique that removes the effect that differences in age distributions have on mortality rates for two or more groups being compared.

ESTIMATE OF THE PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO ARE OVERWEIGHT BY RACE TENNESSEE, 1994-1998



Source: Tennessee Department of Health, Behavioral Risk Factor Survey
1996 and 1997 data only available for nonwhites.

Please visit the **Health Statistics and Research and Health Information Tennessee (HIT)** pages at the **Programs and Services** site on the Tennessee Department of Health website:

<http://www.state.tn.us/health>

NOTE: The population estimates for Tennessee used to calculate the rates in this report were based on estimates prepared from the 1990 census by the Department of Sociology at the University of Tennessee in Knoxville. On March 19, 1999 population projections were revised by Health Statistics and Research. These revised projection figures were based on updated county total

estimates released by the Bureau of the Census, and may result in rates that differ from those previously published.

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